

# Application Form for Membership on the Michigan English Language Proficiency Assessment Item Development Team

**Directions:** You may (1) type responses directly into the PDF file and then print or (2) print the application and fill in the form. The demographic information is needed for NCLB documentation only, and will be used in an aggregated form only for reporting.

After completing the form, mail or fax to the corresponding address/fax number below.

Applicant Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Preferred Mailing Address

Alternate Mailing Address

Gender

- ☐ Male  
☐ Female

School/District Location

- ☐ Rural  
☐ Suburban  
☐ Urban

Age

- ☐ Less than 21  
☐ 21 to 35  
☐ 36 to 50  
☐ Greater than 50

Experience with Special Populations

- ☐ Students with Disabilities  
☐ English language learners

Ethnicity

- ☐ American Indian, Alaska Native, Asian/Pacific Islander  
☐ Black, not of Hispanic Origin  
☐ White, not of Hispanic Origin  
☐ Hispanic  
☐ Other

Native Language of Applicant

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> English  | <input type="checkbox"/> Bengali         |
| <input type="checkbox"/> Spanish  | <input type="checkbox"/> Chinese         |
| <input type="checkbox"/> Arabic   | <input type="checkbox"/> Japanese        |
| <input type="checkbox"/> Chaldean | <input type="checkbox"/> Vietnamese      |
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Serbo-Croatian  |
| <input type="checkbox"/> Hmong    | <input type="checkbox"/> Other (specify) |

Highest Education Completed

- ☐ High School Diploma  
☐ Post High School Certificate  
☐ Bachelor's Degree  
☐ Master's Degree  
☐ Doctorate

Occupation(s)

Native language(s) spoken by your student population

- |  |                                   |                                     |   |                                  |
|--|-----------------------------------|-------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Spanish         | <input type="checkbox"/> Arabic   | <input type="checkbox"/> Chaldean   | <input type="checkbox"/> Albanian       | <input type="checkbox"/> Hmong   |
| <input type="checkbox"/> Chinese         | <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Serbo-Croatian | <input type="checkbox"/> Bengali |
| <input type="checkbox"/> Other (specify) |                                   |                                     |   |                                  |

Place any additional comments here.

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# Application Form for Membership on the Michigan English Language Proficiency Assessment Item Development Team

Applicant Name \_\_\_\_\_

I am applying for membership on the Michigan English Language Proficiency Assessment Item Development Team. My role is:

☐ Teacher, currently teaching grade/s \_\_\_\_\_

☐ Assessment Coordinator

☐ Curriculum Coordinator

☐ Parent

Briefly describe your experience in K-12 education.

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☐ Community Member

Briefly describe your experience in K-12 education.

**Please indicate which session(s) you're available to participate in:**

☐ **June 20, 21, 22, 2006**

☐ **August 9, 10, 11, 2006**

I agree to attend three days of item development meetings as a member of this team, to work collaboratively at meetings, and to comply with confidentiality and other requirements of the Michigan Department of Education. I will obtain approval from my supervisor. I am committed to establishing quality assessments for Michigan students and accountability for Michigan schools.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Return this form by June 9, 2006 to:  
Ms. Marilyn Roberts  
Michigan Department of Education/OEAA  
P.O. Box 30008  
Lansing, MI 48909-0008  
FAX: (517) 335-1186  
E-mail: robertsm@michigan.gov